

ITHACA COLLEGE
MVP - Student Health Insurance Plan
2021-2022 Qualifying Event Enrollment Form

STUDENT INFORMATION: (ALL fields are required)

Student Name: (Last) _____ (First) _____ (MI) _____ Date of Birth: ____ / ____ / ____
 Student ID#: _____ Gender: ____ Email Address: _____ Telephone #: ____ - ____ - ____
 Mailing Address: (Street Address) _____ Student Status: UG ____ GR ____
 (City) _____ (State) _____ (Zip Code) _____

ENROLLMENT INSTRUCTIONS: Refer to the table below for eligible enrollment reasons, required documentation, and applicable deadlines. The effective date of your new Ithaca College health insurance plan will be made retroactively effective to the date noted in the table. **If your “reason for late enrollment” is not listed below or if the deadline has passed, you are not eligible to enroll at this time and must wait until the next policy year begins in Fall 2021.**

Person To Be Enrolled	Reason for Late Enrollment	A copy of the following documentation is required.	UHP must receive the completed enrollment form <u>and</u> appropriate documentation within:	The effective date of the new coverage will be:
Student	Termination of Prior Coverage	Insurance document showing the date of termination	31 days following prior coverage termination (60 days if you lose eligibility for State Medicaid).	the date of prior coverage termination.

PREMIUM INFORMATION: Please contact University Health Plans for information about premium that will be added to your Ithaca College student account.

MAILING INSTRUCTIONS: Mail (1) the completed enrollment form, and (2) a copy of the required supporting documentation (refer to table above) and email to: marcia@univhealthplans.com. You will receive an insurance card (or updated insurance cards) approximately 10 business days after the 2 required items are received by University Health Plans.

ENROLLMENT REQUIREMENTS CHECKLIST:

- Complete this form.
- Include the required documentation (see above table). ALL enrollments require something in addition to this form. Your enrollment request cannot be processed without it.
- Contact University Health Plans for premium information.

Student Signature: _____ Date: _____

*****If you have any questions, please contact University Health Plans at 833-250-8996 or info@univhealthplans.com.*****